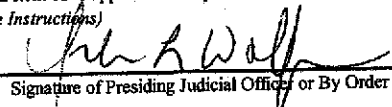


## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE <b>NJXTR</b>		2. PERSON REPRESENTED <b>NOEL LOPEZ</b>		VOUCHER NUMBER																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>CR. 05-888-03</b>		5. APPEALS DKT./DEF. NUMBER																																																																																																																				
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) <b>USA V MATTHEW THOMPkins</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal																																																																																																																				
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>CC</b>																																																																																																																						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2423(e) Conspiracy to Transport Minors to Engage in Prostitution</b>																																																																																																																								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <b>Kim Otis, Esq.</b> <b>Haveson &amp; Otis</b> <b>194 Nassau Street</b> <b>Princeton, NJ 08542</b> Telephone Number : <b>609-921-0090</b>			13. COURT ORDER <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel <input checked="" type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's <u><b>Linda Foster, AEPD</b></u> Appointment Dates: <u><b>3/6/09</b></u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court <u><b>March 10, 2009</b></u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)																																																																																																																								
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____																																																																																																																								
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